

**North Carolina Department of Health and Human Services,
Division of Public Health (DPH)
Data Request Form – NC-SUDORS**

This form should be completed when interested in accessing data from the North Carolina State Unintentional Drug Overdose Reporting System (NC-SUDORS). Your request will be reviewed to determine if NC-SUDORS data are appropriate for your project and someone from the NC-SUDORS team will contact you for further details. Completion of this Data Request Form is required before a Data Use Agreement (DUA) can be drafted and executed.

Please submit data requests at least 6 weeks before you would like your DUA to become effective. Requests submitted later than 6 weeks in advance of the desired effective date may be delayed in their execution and implementation. Complex data requests and projects involving Recipients at multiple institutions may require additional time.

Submit this form, along with any required supporting documentation (e.g., IRB materials) to Scott Proescholdbell, NC-SUDORS Director, NC DPH Injury and Violence Prevention Branch, by email at scott.proescholdbell@dhhs.nc.gov

Information of Party Requesting Data (“Recipient”)

Full Name: _____

Title: _____

Institution: _____

Phone: _____ Email: _____

Mailing address where official correspondence regarding the DUA can be sent:

Name and title of the authorized signatory official who will sign the DUA:

Point of contact: _____

Title: _____

Phone number: _____

Email: _____

Mailing address: _____

Note: many universities, colleges, and other research institutions do not permit their faculty, staff, and students to sign contracts, and instead have a designated signatory official who signs agreements on behalf of the institution with which the faculty, staff, or student is affiliated. Please consult your institution's policy and identify the authorized signatory official.

Compliance with NC DHHS Privacy and Security Policies and Manuals

Please review the security requirements outlined in Appendix B of this Data Request Form.

Is the Recipient able to comply with the requirements set forth in Appendix B?

- ☐ Yes - the Recipient is able to comply with the security requirements
- ☐ No - the Recipient is unable to comply with the security requirements (please contact Scott Proescholdbell before proceeding with the completion and submission of this form)

Use Case for the Requested Data

1. Will the Recipient be using the requested data for research?

- ☐ Yes - the data will be used for research (includes research that is determined by an IRB to be exempt)
- ☐ No - the data will be used for non-research activities only (e.g., public health surveillance or public health practice)

2. If the Recipient will be using the requested data for research, has the Recipient's study been approved by an Institutional Review Board (IRB)?

- ☐ Yes - an IRB approved the study (please submit a copy of the approved IRB application and IRB approval letter)
- ☐ No - an IRB has not approved the study
- ☐ N/A - the requested data will not be used for research (see question #1)

3. Which of the following types of data is the Recipient requesting? Please see Appendix A: DPH Data Use Agreement Guide for definitions of the terms listed below.

- ☐ Deidentified data set
- ☐ Limited data set

Note: a data set is limited if it includes county, zip code, dates, etc. Please see Appendix A for more information.

- ☐ Identified data set

Note: a data set may be identified if it includes street address, etc. Please see Appendix A for more information.

Description of the Requested Data

1. Please describe the time period for the requested data (e.g., all data collected between 01/01/2018 and 12/31/2022):

2. How often does the Recipient want to receive the data?

Note: the frequency with which DPH will provide the requested data set will be determined based on DPH program staff capacity and the availability of resources.

- ☐ Annually
- ☐ This will be a one-time provision of data
- ☐ Other Please describe.

3. Has the Recipient consulted with DPH program staff about this data request prior to completing and submitting this Data Request Form?

- ☐ Yes ☐ No

4. The NC-SUDORS team is developing a "General Use Data File," which will contain information that we hope will answer many different research questions and that omits certain data fields that have high rates of missingness. Is the Recipient requesting the General Use Data File or a tailored data set?

- ☐ General Use Data File ☐ Tailored Data Set

Please note that tailored data sets may have limitations that should be discussed with NC-SUDORS staff and will be created based on DPH staff capacity and the availability of other resources.

If Recipient is requesting a tailored data set, please list every data field that is being requested or, if requesting a high volume of fields, submit a list of fields as an attachment alongside this form:

Name of data field	Description/Notes
<i>Example, decedent sex</i>	<i>Male/female</i>

5. Will the requested data set be linked to other data sets? If yes, please briefly describe the other data set(s), how they will be linked, and how the final linked data set will be used:

6. Is the Recipient planning to sell any portion of the data provided to it by DPH to other parties, including any portion of a final linked data set that includes DPH data?

☐ Yes ☐ No

7. Will the requested data set need to be accessed by any third-party vendors (e.g., a vendor that the Recipient contracts with to maintain the environment in which the data would be hosted)? If yes, please list the vendor's name and explain what agreements, if any, the Recipient has in place with the vendor to ensure the privacy and security of the data:

Agreement Information

1. What is the desired DUA effective date? Click or tap to enter a date. _____

2. Is there a funding, publishing, or other deadline related to the desired effective date? If yes, please explain:

3. Please provide a brief description of the process by which the data will be sent to the Recipient (who at DPH will be responsible for sending the data, the method by which the data will be securely shared, how and where the Recipient will store the data upon receipt, etc.):

4. Please provide a brief description of the project for which the data will be used:

5. What is the public health significance (if any) of this project?

6. What will the results of the project be used for?

7. Names of principal researcher and co-investigators, as well as anyone else who will have access to the data:

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

8. Are all of the individuals named above employed by the same institution? If no, please explain:

9. Expected project completion date: Click or tap to enter a date.

10. What format should the dataset provided SAS, CSV or other? _____

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APPENDIX A

Appendix A: DPH Data Use Agreement Guide

Data set types: Deidentified v. Limited v. Identified

The following definitions of a deidentified, limited, and identified data set are included for the purpose of assisting the Recipient in accurately completing the Data Request Form and do not reflect actual data fields that may be collected and retained in NC-SUDORS.

Deidentified data set

A data set is deidentified when it meets the standard set forth under 45 CFR §164.514(b). Specifically, a data set is deidentified when the following identifiers of the individual or the individual's relatives, employers, or household members are removed from the data set:

1. Names
2. All geographic subdivisions smaller than a state, including: street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census:
 - a. The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
 - b. The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000
3. All elements of dates (except year) for dates that are directly related to an individual, including birthdate, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers
5. Fax numbers
6. Email addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and series numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

If a data set contains any of the 18 identifiers described above then the data set is not deidentified and may be considered a limited data set or an identified data set.

Limited data set

A limited data set ("LDS") is defined at 45 CFR §164.514(e) and excludes most, but not all, of the 18 identifiers that must be excluded in a deidentified data set.

A limited data set does not include the following information pertaining to an individual or the individual's relatives, employers, or household members:

1. Names
2. Street addresses
3. Telephone numbers
4. Fax numbers
5. Email addresses
6. Social security numbers
7. Medical record numbers
8. Health plan beneficiary numbers
9. Account numbers
10. Certificate and license numbers
11. Vehicle identifiers and serial numbers, including license plate numbers
12. Device identifiers and serial numbers
13. Web Universal Resource Locators (URLs)
14. Internet Protocol (IP) addresses
15. Biometric identifiers, including finger and voice prints
16. Full face photographic images and any comparable images

A limited data set does include the following information: some geographic information (such as town/city, state, and zip code - but not street addresses), dates (such as birth date, date of death, admission date, dischargedate), and age (as described in years, months, days, or hours).

Identified data set

An identified data set is not defined under HIPAA, but is any data set that includes information beyond what is permitted to be included in either a limited data set or a deidentified data set. For example, any data set that includes names, telephone numbers, or street addresses would be considered an identified data set.

Questions?

If you have questions about the types of data sets described here or other questions about terms used in this Data Request Form, please contact Scott Proescholdbell, NC-SUDORS Director, NC DPH Injury and Violence Prevention Branch.

Appendix B: Security Requirements

1. Recipient shall use appropriate safeguards to protect the Data provided under this DUA from privacy/security incidents, including but not limited to limited to unauthorized access, use, disclosure, modification, or destruction of the Data or other breaches of the Data.
2. Recipient agrees to comply with Recipient's privacy and security policies and procedures and with the requirements of this DUA. If Recipient's privacy and security policies and procedures are in any way less restrictive than or do not meet a requirement identified in this DUA, including **Attachment C**, then Recipient agrees to follow the more restrictive requirements established within the DUA and this **Attachment C**.
3. Recipient shall report any privacy/security incident involving the Data to the NCDHHS Privacy and Security Office (PSO) within twenty-four (24) hours from when Recipient becomes aware of the privacy/security incident. The report should be made online and using the "Report an Incident" form located at: <https://security.ncdhhs.gov/>. If the privacy/security incident involves Social Security Administration (SSA) data or Centers for Medicare and Medicaid Services (CMS) data, the Recipient shall report the incident within one (1) hour of the Recipient becoming aware of the incident.
4. Recipient shall house the Data on secure, password-protected servers and/or office computers, with access limited to individuals under the Recipient's control who sign this DUA. If the Data is classified as a limited or identified data set as set forth in Paragraph 5 of this DUA, then the Data shall be stored in an encrypted format when not in active use. At a minimum, the encryption algorithm utilized shall be FIPS 140-2 Level 1 compliant.
5. Recipient shall ensure that any laptop or portable device containing the Data is full-disk encrypted with an FIPS 140-2 Level 1 certified AES-256 encryption algorithm.
6. Recipient shall store any hard copies of the Data in a locked office cabinet, with access limited only to individuals under the Recipient's control who sign this DUA.
7. Recipient shall not transmit the Data between computer systems, or via email or email attachment, unless the transmission uses TLS 1.2 algorithms accepted and certified by the National Institute of Standards and Technology in compliance with NIST-800-52.
8. Upon DUA termination, Recipient shall destroy the Data as set out in the DUA and complete and return the data sanitization form provided in **Attachment D**. Paper copies must be crosscut shredded, and electronic copies must be removed from all computers, servers, and media using software meeting NIST SP-800-88 data destruction standards.
9. Recipient shall only maintain the Data on servers or workstations that are located within the continental United States.

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